

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 80 7 4 0 9

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10	1		1			
11		3	1			
12	1		1			
13		1		1		
14		1		1		
15		2		1		
16		1		1		
17		①		①		
18		①		①		
19		1		1		
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TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	15	↓		↓
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS